DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SHOWER PIPE INCORPORATING A TWO-WAY VALVE, AND TWO-WAY VALVE FOR A

Application 1 02/00018, as amended neluding for olication and nt, inventor's ountry other cation(s) for
ncluding for olication and nt, inventor's
olication and nt, inventor's
ountry other
e that of the
No
f any United below and, ites or PCT dge my duty between the

23373

therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under

the same USPTO Customer Number.

PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:					
Given Name (first and middle [if any]) Hasnne		Family Name or Surname FENTROUCI			
(mist and imagic (many))	ranniy Name of Surname FEINTROUC		INOUCI		
Inventor's Signature Semi	iauci		Date	October 25, 2005	
Residence: City Renens	State	Country Switzerla	nd	Citizenship French	
Mailing Address: Avenue de Florissant 26, 1020 Renens, Switzerland					
City Renens	State	Zip 1020		Country Switzerland	
NAME OF SECOND INVENTOR:					
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature			Date	•	
Residence: City	State	Country		Citizenship	
Mailing Address:					
City	State	Zip		Country	
NAME OF THIRD INVENTOR:					
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature			Date		
Residence: City	State	Country		Citizenship	
Mailing Address:					
City	State	Zip		Country	
NAME OF FOURTH INVENTOR:					
Given Name (first and middle [if any]) Family Name or Surname					
Inventor's Signature		Date			
Residence: City	State	Country		Citizenship	
Mailing Address:					
City	State	Zip		Country	
NAME OF FIFTH INVENTOR:					
Given Name (first and middle [if any]) Family Name or Surname					
(first and middle [if any]) Family Name or Surname					
Inventor's Signature			Date		
Residence: City	State	Country		Citizenship	
Mailing Address:					
City	State	Zip		Country	